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ABSTRACT

Procedures for the identification and assessment of the needs of declassified students in the Corpus Christi Independent School District are discussed. Declassified students are defined as those who cannot be considered as retarded when adaptive behavior criteria as well as intelligence criteria are used. Assessment is made by a diagnostic team consisting of a school psychologist and educational diagnostician. Tests are given in the areas of intellectual skills, personal adjustment, educational/learning skills, and perceptual motor skills. Adaptive behavior assessment is made using such instruments as the Vineland Social Maturity Scale, the Adaptive Behavior Inventory for Children, and the Texas Environmental Adaptation Measure (a parent interview). Adaptive behavior assessment of 596 students in a 3 year period resulted in declassification of 45% of the students. Half of the declassified students appeared eligible for special education programs; for the remaining half few programs are available and new assessment procedures need to be developed which not only identify declassified children but which discern possible reasons for poor academic performance. (PHR)

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# IDENTIFICATION OF DECLASSIFIED STUDENTS: CHARACTERISTICS AND NEEDS OF THE POPULATION[1]

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# IDENTIFICATION OF DECLASSIFIED STUDENTS: CHARACTERISTICS AND NEEDS OF THE POPULATION[1]

With the introduction of adaptive behavior assessment to the appraisal process of most school districts, an area of major concern has begun to shift from the misclassification of children as mentally retarded to the declassification of children as mentally retarded. Through the use of adaptive behavior assessment, many children who qualified for special education classes as mentally retarded on the basis of tests of intelligence, perception and achievement no longer qualify for special education services (Fisher, 1978).

These declassified children appear to be functioning adequately in their home environments, but within the mentally retarded range in terms of academic skills. The seemingly paradoxical nature of these children poses a problem for school programming in that they appear to fit neither special nor regular education. Attempts to solve the problem of appropriate programming hinge on accurate definitions concerning who these children are and what they are like.

Awareness of the appraisal procedure and adaptive behavior measures used to identify the declassified students can facilitate understanding of just who these children are. Adaptive behavior information including sociocultural and personality information can provide clues as to the characteristics and programming needs of the population. The following discussion will focus upon how

declassified students were identified in the Corpus Christi Independent School District (CCISD), Corpus Christi, Texas, and the characteristics and needs of these children as determined from information gathered as a part of adaptive behavior assessment.

## Identification of Declassified Students

In the CCISD the identification of declassified students was a by-product of a comprehensive appraisal process, previously described by Scott (1979). Assessment is carried out by diagnostic teams each consisting of an associate school psychologist and an educational diagnostician.

Formal appraisal by the diagnostic teams includes the evaluation of educational/learning skills, intellectual skills, personal adjustment, and perceptual-motor skills. Measures generally used include the Wechsler Scales (WAIS, WISC, WISC-R), Stanford Binet, Peabody Picture Vocabulary Test (PPVT), Illinois Test of Psycholinguistic Ability (ITPA), Leiter International Performance Scale, Bender Gestalt Test, Benton Visual Retention Test, Wide Range Achievement Test (WRAT), and other norm-referenced tests, as well as various criterion-referenced tests. If emotional problems are suspected, incomplete sentences, the Thematic Apperception Test (TAT), Children's Apperception Test (CAT), Make a Picture Story (MAPS), House-Tree Person (HTP), etc., may be administered. Once testing has been completed, the diagnostic team prepares a written report which includes strengths and weaknesses, behavioral,

emotional, and sociological factors and suggestions for compensation techniques, activities and materials.

Following the psychological/educational evaluation, the diagnostic team may refer the student for adaptive behavior assessment. This referral is made only if the testing performed by the diagnostic team does not provide clear evidence of a handicap other than mental retardation and if results of the testing meet the following criteria: (a) full scale IQ below 70, (b) verbal and performance IQ's below 75, (c) a subtest pattern which includes not more than 2 scaled scores of 8 or more, (d) achievement scores below 80 and (e) performance at least 2 standard deviations below the mean on a test of visual-motor skills. If these criteria are met, the diagnostic team refers the child to the CCISD adaptive behavior team.

Adaptive Behavior Assessment

Adaptive behavior assessment is carried out using the following guidelines for instrument selection: (a) use of the Vineland Social Maturity Scale for students below 5 years of age (b) use of the Adaptive Behavior Inventory for Children (ABIC) for students ages 5 and above and (c) use of Part I of the AAMD Adaptive Behavior Scale Public School Version (ABS-PSV) in cases in which the parents are unavailable and the teacher must be used as respondent. CCISD also received permission from the state education agency to use a locally developed experimental adaptive

behavior measure, the Texas Environmental Adaptation Measure (TEAM), for students ages 5 and above. Each of the adaptive behavior instruments overlaps in content to some degree.

Vineland. The Vineland has questions in eight categories: Self-help (General), Self-help (Eating), Self-help (Dressing), Self-direction, Occupation, Communication, Locomotion and Socialization.

The Self-help (General) subscale attempts to measure the ability of the child to develop general independence as it relates to physical development, avoiding hazards, taking care of self at toilet, telling time, etc. The Self-help (Eating) subscale attempts to measure the ability of the child to take care of his needs as they relate to eating--discriminating edible substances, gradual ability to use eating utensils, chewing before swallowing, getting self a drink, etc. Self-help (Dressing) attempts to measure the child's ability to care for his needs as they relate to dressing and cleanliness, dressing and undressing, buttoning and fastening, washing face and hands, taking a bath, combing hair etc. The Locomotion subscale attempts to measure the child's ability to move from one place to another in the home, yard, neighborhood, and outside the neighborhood. The Occupation subscale of the Vineland attempts to measure the child's ability to occupy his time--initiating own play activities, performing household tasks, using tools, being employed, etc. The Commu-

nication subscale attempts to measure a child's ability to communicate with others through various means--verbalizing, following instructions, reading, writing, using a telephone, etc. Self-direction attempts to measure the child's ability to assume responsibility--being trusted with money, making purchases, being responsible for self and others, providing for the future, etc. The Socialization subscale attempts to measure the child's ability to interact with people--interacting with peers through play activities, interacting with neighbors and others in the community (Garza, et. al., 1977).

ABIC. The Adaptive Behavior Inventory for Children (ABIC) consists of seven subscales: Family, Community, Peer, Earner-Consumer, Self-Maintenance, and Veracity.

The Family subscale of the ABIC attempts to measure the ability of the child to relate to and communicate with family members and to obey and respond to parents. The Community subscale attempts to measure a child's interest and participation in community affairs, altruistic involvement with neighbors and relationship with adults, and degree of independent functioning as it relates to locomotion. The Peer Relations subscale attempts to discover the ways in which the child interacts with other children and the kinds of activities they engage in together. The Non-Academic School Roles subscale attempts to determine the child's relationship with his teachers and classmates, the amount

of responsibility given to the child by the teacher or school, the child's participation in extracurricular activities and the amount of responsibility the child feels toward school. The Earner-Consumer subscale attempts to measure a child's knowledge and use of money. The Self-Maintenance subscale attempts to measure a child's ability to care for his/her own needs, the child's general independence of activity, and general personality characteristics. The Veracity subscale of the ABIC consists of questions placed at inappropriate age levels to check the truthfulness of the respondent's answer and to interrupt the respondent's response set.

ABS-PSV. Behaviors assessed in Part I of the AAMD Adaptive Behavior Scale - Public School Version (ABS-PSV) range from general to specific developmental and maturational aspects of life (Garza, et. al., 1977). Areas of questioning include Independent Functioning, Physical Development, Economic Activity, Language Development, Numbers and Time, Vocational Activity, Self-direction, Responsibility, and Socialization.

According to the authors, Independent Functioning, Economic Activity and Vocational Activity "represent functional skills required to maintain personal independence in daily living and to meet a basic level of social responsibility (Lambert, et. al., 1975, p. 8)." Questions on Physical Development are used to assess visual and auditory acuity and fine and gross motor coordination. Questions on Language Development and Numbers and Time are

used to assess cognitive development. Self-direction and Responsibility questions tend to focus on peer relationships, emphasizing social interaction and consideration for others.

TEAM. The Texas Environmental Adaptation Measure (TEAM) is a parent interview consisting of three sections: the Family Environment Assessment (sociocultural and family dynamics information), the Personality Assessment (developmental and personality adjustment information), and the Adaptive Behavior Assessment. The Adaptive Behavior Assessment consists of six subscales: Autonomous Activities (independent self-help skills), Mechanical Skills (simple to complex mechanical skills), Play and Recreation (age-appropriate games and play activities and independent recreational activities), Communication and Social Skills (ability to communicate, social awareness and interaction skills), Responsibility (ability to care for self and others and to fulfill obligations), and Economic Activity (use of money) (Scott, 1978).

Assessing Adaptive Behavior. Using one of the previously described instruments, formal adaptive behavior assessment in the CCISD is carried out in the following manner: (a) the interviewer reviewsthe student's psychometric data with the diagnostic team. (b) the interviewer selects the most appropriate instrument for the particular student according to the previously listed guidelines. (c) the interviewer arranges and conducts an interview with the parent, gathering sociocultural and family background

information while administering the adaptive behavior instrument. (d) the interviewer visits the student's school, speaks with his/her teacher, and observes the child in the classroom.

Once all data has been gathered, the adaptive behavior interviewer provides written and/or oral feedback to the referring team. Written feedback is made in a formal report which includes background information (sociocultural and family history and personality information), test results and interpretation, and recommendations for further psychometric testing (e.g., to determine emotional disturbance, language/learning disabilities), for further medical examinations, and/or for placement (e.g., self-contained classroom) and teaching strategies (e.g., bilingual, one-to-one instruction).

Using these comprehensive procedures, adaptive behavior assessments on 596 students were completed during a three-year period. These assessments resulted in the declassification of 45% of the 596 students, i.e., out of the 596 academically retarded students assessed, 326 (55%) were also found to be retarded in adaptive behavior, while 270 (45%) were not retarded in adaptive behavior.

## Characteristics of Declassified Students

Despite differences in adaptive behavior levels, each of the 596 students had been referred for adaptive behavior assessment as a result of poor school and test performance. In order to

determine characteristics, besides adaptive behavior, which might differentiate the "declassified" students from the "classified" students, each of the 596 adaptive behavior reports was screened for the presence of indicators of intellectual, emotional, social adjustment, perceptual, or health problems, language delays, economic deprivation, or the presence of a culturally different or restrictive environment. These indicators were determined from actual statements in the reports and/or notes or verbal reports from the respective interviewer of each child's parent. A frequency count was computed for each indicator.

Results revealed that of the 326 academically retarded children who scored within the mentally retarded range on a measure of adaptive behavior, a sizeable majority (276) appeared to have problems that were primarily intellectual in nature. These students scored in the mentally retarded range on all eligibility criteria and, thus, could be considered appropriate for classes for the mentally retarded. The remaining 50 children with low adaptive behavior appeared to have had adaptive behavior scores depressed as a result of emotional, environmental, health or other factors.

For the 270 children who scored above the mentally retarded range in adaptive behavior, mental retardation had been ruled out, according to state and federal guidelines, as the cause of poor academic performance. Results of the screening of adaptive

behavior reports revealed indications of a number of characteristics which might contribute to poor school performance. Indicators of emotional problems were found in the reports of 47 (17%) of the declassified children. These indicators included severe behavior problems, withdrawal, the inability to interact appropriately with family, teachers, or peers, excessive anxiety and fearfulness. Fifty (19%) of the declassified children appeared to have language delays and/or perceptual problems. Health problems were indicated in the reports of 32 (12%) of the declassified children. These problems included orthopedic handicaps and visual impairment, as well as other medical problems such as epilepsy, seizures, heart problems, etc.

A number of the declassified children (39 or 14%) appeared to live in environments which are so culturally different or restrictive as to affect their school performance. The culturally different children were typically those whose families had recently immigrated from Mexico and still retained "Old World" customs and attitudes. The children from restrictive environments were those whose parents did not allow them to interact with anyone outside the family, to engage in many independent activities, or to go anywhere without "protection" from the parent or older family members.

Economic deprivation or poverty as a primary problem was indicated in the reports of 16 (6%) of the declassified children.

Another 21 (8%) appeared to be shy or somewhat withdrawn or appeared to have adjustment problems which, although not severe enough to be called emotional disturbance, still affected school performance. For the remaining 65 (24%) of the declassified children, the adaptive behavior report revealed no characteristics which could be pinpointed as contributing to the child's poor academic performance.

Programming Needs of Declassified Children

As the previous results have shown, almost half (48%) of the declassified students appear eligible for special education programs as emotionally disturbed (ED), language/learning disabled (LLD) or other health impaired (OHI).

However, there appear to be few programs currently available to the remaining half of the declassified student population -- children whose academic functioning is within the retarded range and many of whom evidence, as revealed in their adaptive behavior reports, severe cultural, environmental, or economic disadvantage.

These children do not appear ready to be placed in regular education classes. Each child appears to need an individually planned "transitional" program designed to remediate the child's individual problems and to prepare him or her for gradual reabsorption into the educational mainstream.

In order to be able to plan such a program, comprehensive assessment procedures must be used to identify declassified

children. And adaptive behavior assessment must be utilized to yield, not only a score, but information which can be used to discern possible reasons for a child's poor academic achievement.

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